

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	YR	925	1/04/01
RESPONSE FORMALITY REVIEW	MP	523	1/04/01

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral) ... Canceled	A	Appeal
+	Restricted	O	Objected

Claim	Date
Final	
Original	
1	
2	✓
3	0
4	0
5	0
6	✓
7	✓
8	✓
9	✓
10	✓
11	
12	
13	
14	
15	
16	
17	
18	X
19	✓
20	✓
21	✓
22	✓
23	✓
24	✓
25	✓
26	✓
27	0
28	
29	
30	
31	
32	
33	
34	✓
35	✓
36	✓
37	✓
38	
39	X
40	✓
41	0
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	
Original	
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
58	✓
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here